MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 0010072						
	ARTMENT OF PUE			PUB 1	Registration District No	
ON THIS STUB	1 1-1 1 1 1				A PHACE OF DEATH 5 65 1/5 0 N 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence 1 a. STATE MISSOURI b. COUNTY JACKS ON admission admission of the country of the countr	
Rev. 4/59	I			4	b, CITY (Iffourside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Li	
	AMENDED				TOWN WANSAS CITY 34 YEARS TOWN KANSAS CITY YES # 1	No □
ı				_	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on ADDRESS	
² .3538	DATE				INSTITUTION RESEARCH HOSPITAL YES M NO 1221 EAST 36THSTREET YES	No IE
3	2				(Type or print) OF	ear
4 0					MILLIAM YONKEES DEATH DECEMBER 23 - 1969 5. SEX 6. COLOR OR RACE 7. Married X Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER	9 24 HP
5 ,					5. SEX 6. COLOR OR RACE Widowed Divorced Divorce	Min.
				·	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COU	JNTRY
	NO O	11			during most of working life, even if retired) SELF EMPLOYED HOLLAND USA,	
7 2)110			ı	138. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE WEM VONKES UNKNOWN RUTH O. VONKES	
8 , /	SF			ı	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
9/5Nx	E A			ı	(Yes, no, or unknown) (If yes, give war or dates of sension) 79A RUTH O. YONKEES - 1221 E. 36TH S.	7.
10	AR			ËN	18. CAUSE OF DEATH (Enter only one cause per li PART I. DEATH WAS CAUSED BY:	TWEEN DEATH
	OKD P		ŀ	Ĭ.	IMMEDIATE CAUSE (a) / Drumal Bil Mymma ada	炒、
	AD AD			ğ	Conditions, if any, DUE TO (b) Burnary Ca of Keeture 9 23	63
1264-0	HIS REC			-	which gave rise to above cause (a),	
	┗╫	++		ı	stating the underlying cause last.) DUE TO (alcondary Holling Cause last.)	464
	8			-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was fema there a pregnancy in last	
	NTS			- 1	Yes No U	Unknown
	DMENTS			1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was fema there a pregnancy in last to the terminal part I (a) Yes No U PART III. If deceased was fema there a pregnancy in last to the terminal part I (a) PART III. If deceased was fema there a pregnancy in last to the terminal part I (a) Yes No U PERFORMED? PERFORMED? YES NO U PART III. If deceased was fema there a pregnancy in last to the terminal part I (a)	.)
	AMEN			ı		29
¥ Š	₹			ſ	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
RIBBON						TATE
À ~ %	و				NOT WHILE AT WORK	
BLACK OR RITER R	READ			1	21. I attended the deceased from Sept 1963, to Deeth occurred at 3 pure on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or 1978) 22b. ADDRESS 22c. DATE	
USE	an I			. [Death occurred at	
USE BLACK OR TYPEWRITER	SHOULD			AFFIDAVIT OF	22a. SIGNATURE (Degree or tife) 22b. ADDRESS (Considered of the 12/28	8/24
-	L	\vdash	4-4	Ž ,	23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	7-+
	Š.				· BURIAL 12-26-1964 FOREST HILL CEMETERY MANSAS CITY MISSOURI	
	ITEM		1 1	BYA		
ļ	1	1 1	l i	_ [MUEHLEBACH 6800 / ROOST / L-29 (Clicensed Embelmer's Statement on Reverse Side)	

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Student Embalmer No._ working under my personal supervision. Student Signature of Student Embalmer Licensed Embalmer No. 997 P. O. Address K.C., 7770.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.